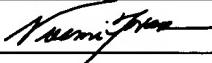




NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 116650.05						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Box AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 23, 2005</p> <p>Signature </p> <p>Noemi Tovar Typed or printed name</p>		<p>In re Application of: Forin, et al.</p> <table border="1"> <tr> <td>Application Number 09/282,229</td> <td>Filed March 31, 1999</td> </tr> <tr> <td colspan="2">HIGHLY COMPONENTIZED SYSTEM ARCHITECTURE For WITH OBJECT MUTATION</td> </tr> <tr> <td>Art Unit 2194</td> <td>Examiner A. Ho</td> </tr> </table>	Application Number 09/282,229	Filed March 31, 1999	HIGHLY COMPONENTIZED SYSTEM ARCHITECTURE For WITH OBJECT MUTATION		Art Unit 2194	Examiner A. Ho
Application Number 09/282,229	Filed March 31, 1999							
HIGHLY COMPONENTIZED SYSTEM ARCHITECTURE For WITH OBJECT MUTATION								
Art Unit 2194	Examiner A. Ho							
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 500.00</p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee \$ _____  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0463 I have enclosed a duplicate copy of this sheet.  <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.         </p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p> <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest.          See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.          (Form PTO/SB/96)  <input checked="" type="checkbox"/> attorney or agent of record.          Registration number 38,222  <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.          Registration number if acting under 37 CFR 1.34.       </p> <p>           Signature          David S. Lee          Typed or printed name          (425) 703-8092          Telephone number          November 23, 2005          Date       </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.          Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>								

This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



APR  
JFW

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/282,229
		Filing Date	March 31, 1999
		First Named Inventor	Forin, et al
		Group Art Unit	2194
		Examiner Name	A. Ho
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	116650.05

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate; \$500.00 total fee) <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application)
	<input type="checkbox"/> Drawing(s) ( sheets)
	<input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)
	<input type="checkbox"/> Licensing-related Papers
	<input type="checkbox"/> Petition
	<input type="checkbox"/> Petition to Convert to a Provisional Application
	<input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement
	<input type="checkbox"/> Terminal Disclaimer
	<input type="checkbox"/> Request for Refund
	<input type="checkbox"/> CD, Number of CD(s) _____
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> <small>(Under 37 CFR § 1.8(a))</small> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____. <b>November 23 2005</b>  Date Signature <u>Noemi Tovar</u> Printed Name	
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	

SIGNATURE OF ATTORNEY OR AGENT					
Signature	<u>David Lee</u>		Reg. No.	38,222	
Name of Attorney or Agent		David Lee			
Date	November 23 2005	Tel.	(425) 703-8092	Facsimile No.	(425) 708-5046
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:			22971		

NOV 25 2005

O I P E  
P A T E N T  
F E E T R A N S M I T T A L  
For FY 2005

Effective on 12/08/04  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 500.00)

## Complete if Known

Application Number	09/282,229
Filing Date	March 31, 1999
First Named Inventor	Forin, et al
Examiner Name	A. Ho
Art Unit	2194
Attorney Docket No.	116650.05
Express Mail Label No.	N/A

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity Fee (\$)	Fee (\$)
- 52 or HP = 0	x 50	= 0				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 6 or HP = 0	x 200	= 0				

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal Fee

\$500.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 38,222	Telephone (425) 703-8092
Name (Print/Type)	David S. Lee		Date November 23, 2005